

SAFETY AND HEALTH PROGRAM EVALUATION

NOTE: Refer to FOM for Guidance on Documentation of Safety and Health Violations and Citing Alternative Standards.

- 23a. Written program? (☐yes)(☐no) Copy Enclosed? (☐yes)(☐no) Safety Staff? (☐yes)(☐no) Health Staff ? (☐yes)(☐no)
 First Aid: (☐Kit ☐ Dispensary) Distance to: (Hospital ☐ / Rescue Squad ☐ Nurse: (☐On (☐Off (☐None)
 Physician: (☐On (☐Off (☐None Training: Safety Staff: (☐yes)(☐no) Health Staff (☐yes)(☐no)
 First aid cardholders: _____
- b. Accident Investigations Performed: _____ (☐yes) (☐no)
 Preventive Action Taken: _____ (☐yes) (☐no)
- c. Communication of Program to Employees (How? Effectiveness?) _____ (☐yes) (☐no)
 Safety/Health Meetings (Frequency? By Whom? Effectiveness?) _____ (☐yes) (☐no)
- d. Enforcement (How? Type of Discipline? Effectiveness?) _____ (☐yes) (☐no)
- e. Employee Training: (☐ Formal) (☐ OJT) (☐ Experienced) (☐ Other) _____ (☐yes) (☐no)
- f. Health Monitoring: (Chemicals? Effectiveness?) _____ (☐yes) (☐no)
- g. Health Recordkeeping: (Types? Employee Access?) _____ (☐yes) (☐no)
- h. Medical Programs: (Frequency? Content? Effectiveness?) _____ (☐yes) (☐no)
- i. Regulated Areas: (Sampling Done? Identified? Rosters?) _____ (☐yes) (☐no)
- j. Hazard Control: (Engineering? PPE?) _____ (☐yes) (☐no)
- k. Emergency Procedures: (What Conditions? Training?) _____ (☐yes) (☐no)
- l. Comments on Comprehensiveness/Effectiveness of S/H Program _____

WALKAROUND AND INSPECTION CHECKLIST:

24. Begin: Date ____/____/____ Time: _____ Departure: Date ____/____/____ Time: _____
25. Equipment Used _____ (☐ Posting Requirements)
- Personnel on Walkaround Other Than in Opening (Name/Title/Address)
- _____ Phone: _____
- _____ Phone: _____

CLOSING CONFERENCE CHECKLIST:

26. Begin: Date ____/____/____ Time: _____ Departure: Date ____/____/____ Time: _____
27. Personnel at Closing Not Already Listed (Name/Title/Address)
- _____ Phone: _____
- _____ Phone: _____
28. Review:(☐ Checklist in Closing Conf. Guide) Provide (*check as appropriate*): (☐ 1926) (☐ 1910) (☐ ARM) (☐ Recordkeeping)
- Comments: _____
- _____
- _____
29. CSHO Signature _____ Date ____/____/____